

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Raymond J. Colleran, Supt.
 ymart
 256, Route #6
 , Pa. 18472

2. Article Number (Copy from service label)

7000 0520 0023 0166 2299

S. Cause on cler 00-2182 2/15/01
J. Call

PS Form 3811, July 1999

Domestic Return Receipt

10/4

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

2/17/01

C. Signature

x *Harold J. Colleran*☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7000 0520 0023 0166 2305

S. Cause on cler 00-2182 2/15/01
J. Call

PS Form 3811, July 1999

Domestic Return Receipt

20/4

102595-00-M-0952

so that we can return the card to you.

- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ncis Filipi, Deputy Attorney General
 or, Strawberry Square
 urg, Pa. 17120

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yesx *Harold J. Colleran* Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7000 0520 0023 0166 2343

S. Cause on cler 00-2182 2/15/01
J. Call

PS Form 3811, July 1999

Domestic Return Receipt

30/4

102595-00-M-0952

we can return the card to you.

- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael Fisher, Pa. Attorney General
 15th Floor, Strawberry Square
 Harrisburg, Pa. 17120

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7000 0520 0023 0166 2312

S. Cause on cler 00-2182 2/15/01
J. Call

PS Form 3811, July 1999

Domestic Return Receipt

40/4

102595-00-M-0952

CY-00-2182
CausewellFILED
HARRISBURG, PA

FEB 22 2001

MARY E. SANDREA, CLERK
FOR THE CLERK